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## **DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

□ Declaration Submitted with Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		K35A0676
First Named Inventor		WILLIAM B. BOYLE
COMPLE	ETE IF	KNOWN
Application Number		09 / 676,635
Filing Date		09/29/00
Group Art Unit		Unknown
Examiner Name		Unknown

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  DIGITAL VIDEO RECORDER EMPLOYING A UNIQUE ID TO INTERLOCK WITH ENCRYPTED VIDEO PROGRAMS STORED ON A STORAGE DEVICE									
the specification of which (Title of the Invention)  is attached hereto									
	OR  was filed on (MM/DD/YYYY)  09/29/2000  as United States Application Number or PCT International								
Application Number 09/676,635 and was amended on (MM/DD/YYYY) (if applicable).  I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
certificate, or 365(a) of any America, listed below and ha	PCT international applicati ve also identified below, by	ion which designated at least checking the box, any foreit	st one country on application for	other than the U or patent or inven	Inited States of				
certificate, or 365(a) of any America, listed below and ha	PCT international applicati ve also identified below, by	ion which designated at least checking the box, any foreit	st one country on application for	other than the Upratent or invenority is claimed.	Inited States of				
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certificate, or 365(a) of any America, listed below and ha or of any PCT international at Prior Foreign Application Number(s)	PCT international applicative also identified below, by pplication having a filing da  Country	ion which designated at lear or checking the box, any foreignate before that of the applicat	est one country of application for ion on which priority  Not Claimed	other than the L or patent or inver- ority is claimed.  Certified Co YES	py Attached? NO				
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[Page 1 of 2]
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DEC	<u>CLA</u>	<u>RATIO</u>	<u>N —</u>	<u> – Utility</u>	or	<u>De</u>	sig	n Pate	ent A	<b>Abb</b>	olication	on
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.												
U.S. Parent Application or PCT Parent				Parent Filing Date (MM/DD/YYYY)					ent Patent N (if applicat	-		
Number					(MINDD/YYYY)					(ii appricable)		
		PCT international										
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pate and Trademark Office connected therewith:  Customer Number  OR  Registered practitioner(s) name/registration number listed below								omer Code				
	Nam	e		Registi				Nan	ne			stration mber
Milad G. Shara 39,367 Howard H. Sheerin 37,938					367							
Additional	registered	d practitioner(s)	named c	n supplemental	Registere	d Prac	titioner	Information sh	eet PTO	SB/020	attached here	eto.
Direct all corr	espond	_		ner Number Code Label				OR	☑ C	orrespo	ondence add	ress below
Name	Milad	d G. Shara										
Address	WES	STERN DIGIT	AL C	ORPORATIO	N							
Address	8105	Irvine Cente	r Drive	e, Plaza 3								
City	Irvin	e				s	tate	California	ZIP	92618		
Country	U.S.	.A. Telephone			(949)	· Fax			(94	949) 932-5633		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
Name of Sole or First Inventor:												
Given Name (first and middle [if any])					Family Name or Surname							
WILLIAM B.				BOYLE								
inventor's Signature		Well	la	m B	-15	zk	6				Date	11/2/0
Residence: (	LAKE FOREST			Country USA Citizenship USA					USA			
Post Office A	ddress	25901 AST	OR W	AY				<del></del>				
Post Office Address												
City		LAKE FOREST	State	CA	ZiP		9	2630	Cou	ntry	US	SA
☑ Additional	invento	rs are being n	amed o	n the <u>1</u> sup	plement	al Add	ditiona	I Inventor(s)	sheet(s)	PTO/	SB/02A attac	ched hereto

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## **DECLARATION**

## **ADDITIONAL INVENTOR(S)** Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor								entor		
Given Na		Family Name or Surname								
ALAN P.				RICE						
Inventor's Signature	Mu P Rus						1/1/c	0		
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Post Office Address	Post Office Address									
City	SANTA ANA	State	CA	ZIP	92705	Country	,	US	SA	
Name of Addition	nal Joint Inventor, if an	y:		] A petiti	on has been file	d for thi	is unsigr	ned inv	entor	
Given Na	me (first and middle [if any]	)			Family Nar	ne or S	Sumame			
Inventor's Signature							Da	te		
Residence: City		State	CA	Country	USA		Citize	nship	USA	
Post Office Address										
Post Office Address										
City		State	CA	ZIP		Coun	itry (	JSA		
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any]) Family Name or Surname										
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Inventor's Signature							Da	te		
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